



APPLICATION FOR CHAFEE INDEPENDENT LIVING (IL) VOLUNTARY SERVICES

State Form 52692 (6-06) / CW 2114

DEPARTMENT OF CHILD SERVICES

County of wardship		Date (month, day, year)	
Referred by (agency or DCS)	Telephone number ()	Effective date of referral (month, day, year)	

Referred to (contracted agency)

Criteria for IL Services:

- ☐ **IL Case Management** (youth was in out-of-home placement for at least six (6) months after the age of 16, effective 07/01/06, and had a case plan in ICWIS) **Youths who turned 18 in foster care are eligible regardless of the length of time in care as long as they have a case plan.**
- ☐ **Room & board** (youths who turned 18 in out-of-home placement other than juvenile detention or correctional facility and had a case plan in ICWIS)

SECTION A

Name		ICWIS case identification	
Date of birth (month, day, year)	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		
Race (please check the appropriate box) <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Not yet determined <input type="checkbox"/> Hispanic ethnicity: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not yet determined			
Maiden name (if applicable)			
Address (number and street, city, state, and ZIP code)			County of residence
Telephone number (home) ()	Telephone number (other) ()		E-mail address

SECTION B

DCS family case manager (FCM) at case dismissal		Local DCS	
E-mail address	Telephone number ()	End date of last placement (month, day, year)	Termination date of wardship (month, day, year)
1. Was the youth in foster care between the ages 14-18? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. What was the youth's living situation on his / her 18th birthday? <input type="checkbox"/> Reunified with parents <input type="checkbox"/> Group home <input type="checkbox"/> Shelter <input type="checkbox"/> Other _____ <input type="checkbox"/> Trial home visit <input type="checkbox"/> Residential treatment center <input type="checkbox"/> Homeless <input type="checkbox"/> Foster home <input type="checkbox"/> Department of Corrections/Detention <input type="checkbox"/> Runaway			
3. Does the youth currently have resources with a combined value of more than \$10,000? <input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION C				
Current marital status				
<input type="checkbox"/> Single		<input type="checkbox"/> Married		<input type="checkbox"/> Divorced
		<input type="checkbox"/> Separated		<input type="checkbox"/> Widowed
Number of children	Currently pregnant or father of unborn child?	How many of these children are living with youth?	Living situation of other children	
<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Living arrangements of youth (<i>Ex: with relative, roommate, etc.</i>)		Level of education completed		
		<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 12+ <input type="checkbox"/> GED		
Is the youth currently enrolled in an educational program?		If yes, where?		
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Is the youth currently employed?	Employer	Occupation	Date started (<i>month, day, year</i>)	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Current salary or wage per hour	Type			
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal			
Does the youth have current medical coverage?	If yes, name of insurance provider			
<input type="checkbox"/> Yes <input type="checkbox"/> No				
What other services are currently being provided to the youth?				
SECTION D				
List three (3) adults who would always know the youth's whereabouts. List their telephone numbers.				
Name		Telephone number		
<p>I agree to be active in the Independent Living program, including establishing and accepting responsibility for my Independent Living goals. I understand that in order to receive room and board assistance, I must be involved in an independent living skills program. I hereby authorize the Independent Living provider to release all information regarding my Independent Living goals and progress to the Department of Child Services (DCS). I understand that the DCS may share information with consultants and consulting bodies to help develop plans for myself. This release expires when I turn 21 years of age or am discharged from services.</p>				
Printed name of youth		Signature of youth		
SECTION E				
I have verified that this youth meets the eligibility criteria for the service requested.				
Signature of DCS representative		Date (<i>month, day, year</i>)		
Printed name of DCS representative		Telephone number		
		()		